

I

TREATING THE NUMBERS

It's night shift. I jot down a series of numbers onto my patient's twenty-four-hour flow sheet and then prepare to read them out loud to the medical resident who is standing with me at the patient's bedside, waiting to hear them.

"Everything is out of whack," I say: "7.26, 68, 76, 14."

That's a losing lottery ticket. No one can survive such a deranged acid-base balance, sky-high carbon dioxide levels, and plummeting oxygenation and bicarbonate ions.

"Those numbers are not compatible with life," the resident says.

"Not life on *this* planet, anyway," says Lynne, the nurse who's kneeling by the door, packing up her knapsack, getting ready to leave. She was on the day shift and is the only one in the room who's smiling: she's going home. "I'm outta here. I'm going home to have sex with my husband." Lynne has finished giving me report on Mr. DeWitt, all the facts and the numbers, what's high, what's low, what's rising, and what's falling. Now it's up to me to carry on throughout the night.

"Have fun," I say as I'm thinking about something else. "You know what, Lynne? I think we should call a family meeting. Does

his wife know how bad the situation is? Has anyone told her? I'm going to call her. I think she needs to come in."

"She just went home," says Lynne. "She's been here all day and was exhausted when she left. What makes you think he might not make it through the night? He's been spiralling downward for weeks. You could probably get him through the night."

Together we stand there, Lynne just outside the door, me just inside, surveying the body of the middle-aged man stretched out in the bed, surrounded by machines and monitors, tubes and wires, bags and drains that expose all the secret fluids of the body.

"I see your point, though," Lynne says. "When you take a minute to step back and really look at it all, you do start to wonder sometimes. But do you really think it's going to be tonight?"

"I have a feeling." I have learned to trust my feelings.

I consult with the medical resident and together we decide that I should call Mrs. DeWitt and ask her to come in. I tell her that unfortunately, her husband is not doing well. His blood pressure is very low, I say. It is dropping, I add, as gently as possible. He is on powerful intravenous medications for his blood pressure, inotropes we call them, but we have had to add another drug because of the serious heart irregularities that he developed today. Another problem is that his urine output is dropping off. Perhaps she would like to return to the hospital and we can talk about it further? Is there someone who could drive her?